Bright HealthCare

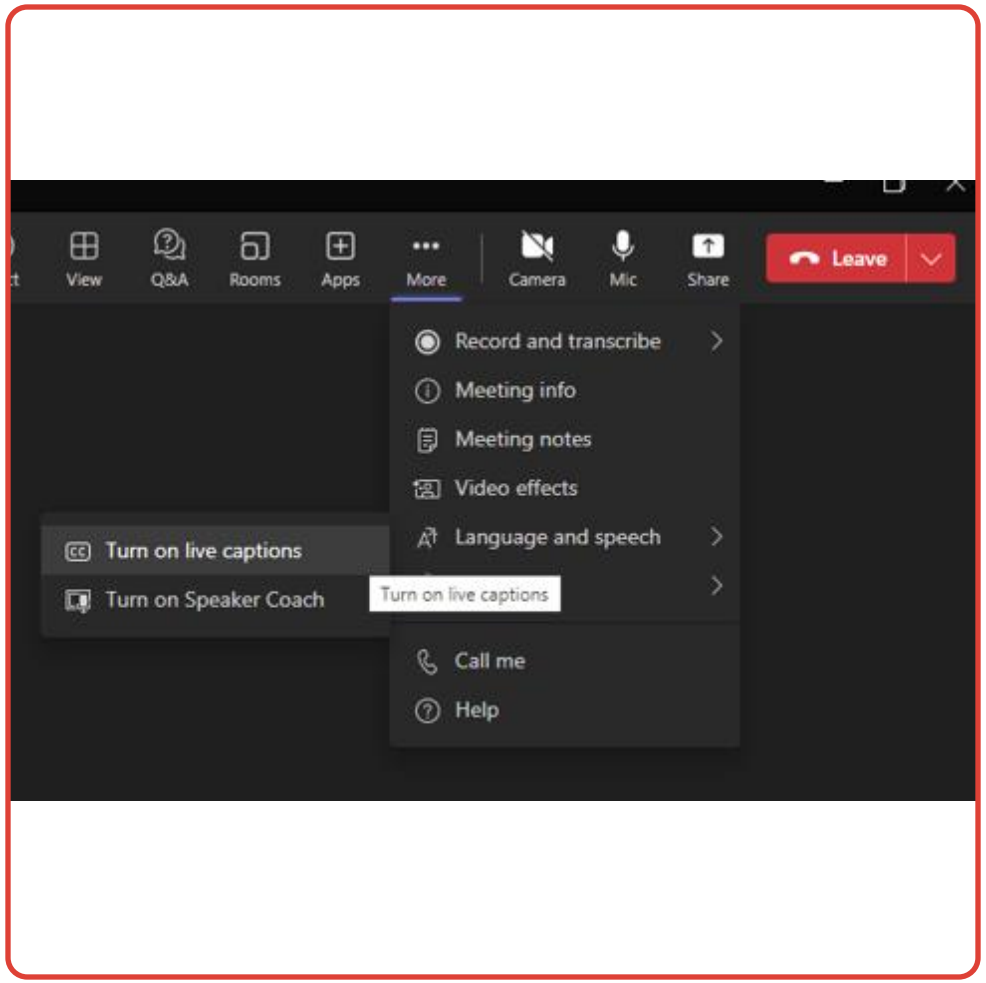
Welcome! We will get started shortly.

Each month's webinar slide deck & recording will be posted to **Healthcare Provider Home | Brand New Day HMO (bndhmo.com)** for on-demand access!

AAPC CEU certificates will be shared after the webinar via email.

Webinar Live-Captioning

Microsoft Teams provides live captioning with speaker attribution in 28 languages.



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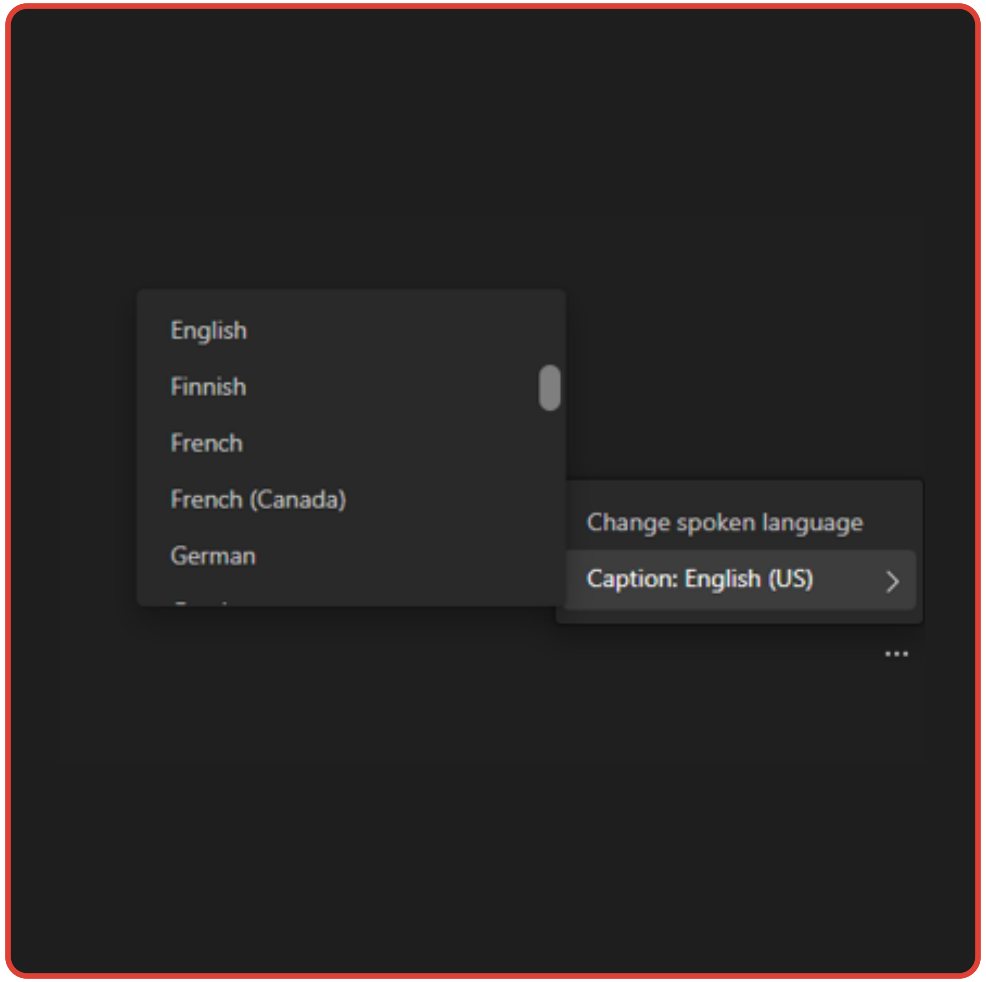
Webinar Live-Captioning

Microsoft Teams provides live captioning with speaker attribution in 28 languages.



Meeting participants can turn on live captions from the meeting controls to view captions at the bottom of the meeting window.

Bright HealthCare

The Finish Line is in Sight – Making the Final Lap of 2023 Count

brand new day

HEALTHCARE YOU CAN FEEL GOOD ABOUT

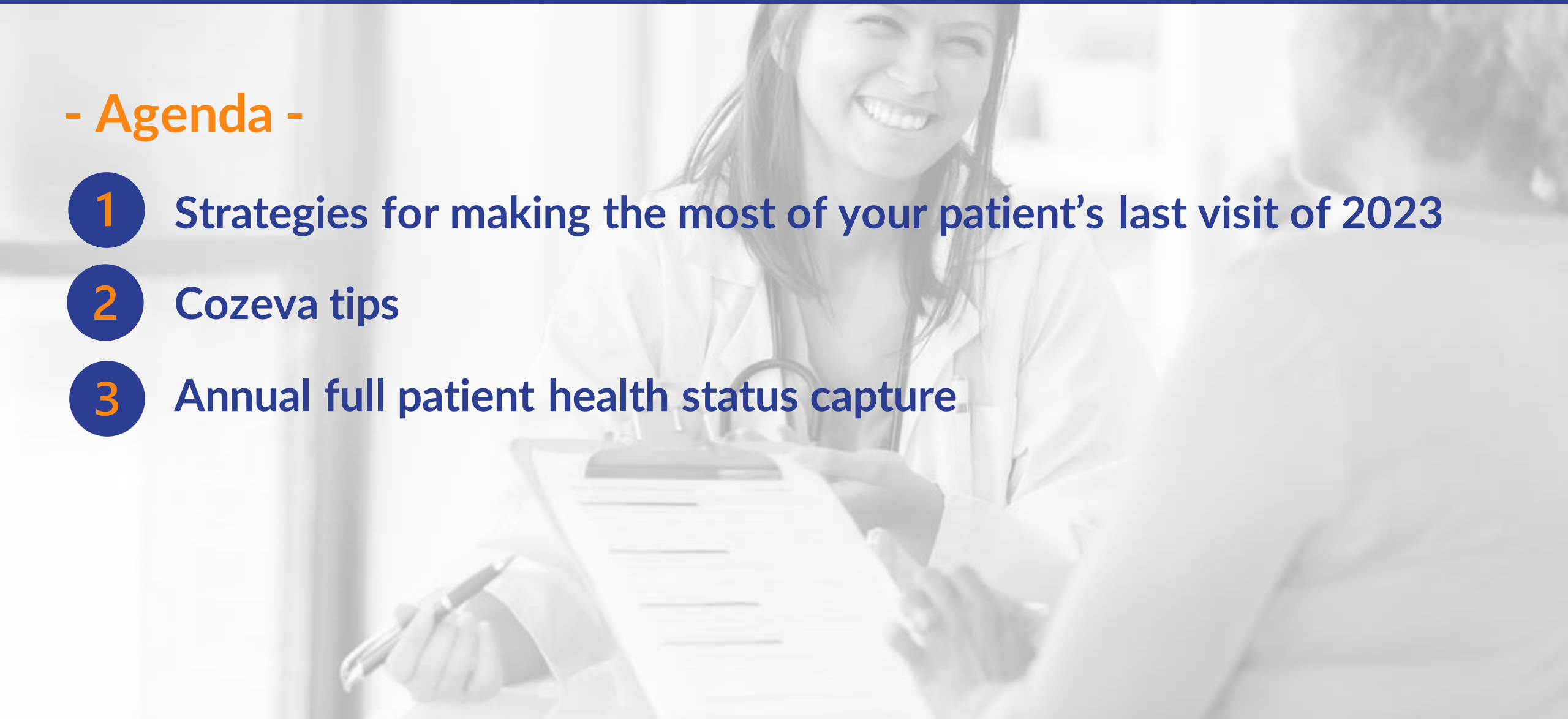
CENTRAL HEALTH MEDICARE PLAN

Disclaimer

The information contained in this presentation and the responses to questions are not to serve as official coding or legal advice. This information is for educational purposes only and may not address all the applicable rules or regulations. Content is valid at the time it is created; however, rules and regulations change on a continuous basis that may make the content obsolete.

The provider is ultimately responsible for providing complete, accurate, and compliant information within the medical record that is used for submission of claims and/or encounters. All coding is determined by the documentation within the medical record on a visit-by-visit basis.

The Finish Line is in Sight – Making the Final Lap of 2023 Count



- Agenda -

1. Strategies for making the most of your patient's last visit of 2023
2. Cozeva tips
3. Annual full patient health status capture

Strategies for Making the Most of Your Patients Visit

Pre-visit Planning

Review past progress notes and/or Cozeva to determine chronic conditions that have not been addressed in the current calendar year or any open items that need to be finalized – test results.

Patients that haven't been seen this year

Compliant care of conditions can only happen when patients schedule visits with their providers. Identify patients that need to come in for a visit for updated treatment plans.

Full patient condition capture

Treating patients completely is critical for management of their conditions. Making sure all conditions and contributing factors are documented ensures their health profile is captured.

Proper documentation and coding of all conditions and related complications is critical for continuity of care, care management programs, accurate resource allocation, and more.

Complete Office Support

Pre-visit *Medical Support Staff*	**During Visit** *Provider*	**Post-visit** *Coding Staff*
• Evaluate gap lists, Rx drugs, hospital records, lab results, & provider notes. • Communicate with provider via chart prep or other methods.	• Ensure all chronic or new conditions are reviewed & properly documented. • Ensure all pertinent lab/test results are reviewed & documented.	• Review coding & documentation to ensure accuracy & completeness. • Provide coding & documentation feedback when appropriate.

How to Utilize Features within Cozeva to Support Patient Visits

Cozeva Tips

Cozeva is a platform designed to support various aspects of healthcare management, and one of its functions pertains to Medicare Risk Adjustment. Here's how Cozeva can assist with Medicare Risk Adjustment:

1. **Data Aggregation and Integration**: Cozeva can integrate data from various sources, such as electronic health records (EHRs), claims data, and pharmacy records. By having a comprehensive view of a patient's history and conditions, it's easier to identify gaps in care or documentation that might affect risk scores.
2. **Analytics and Reporting**: Cozeva offers analytic tools that can help in identifying and prioritizing members for risk assessment. This includes highlighting those patients with conditions that may be undocumented or inadequately documented, as well as those who might benefit from intervention to improve their health status.
3. **Real-time Dashboards**: Cozeva provides real-time dashboards that allow providers and health plans to monitor performance metrics, such as Hierarchical Condition Categories (HCC) capture rates, gap closure rates, and more.

Cozeva Tips

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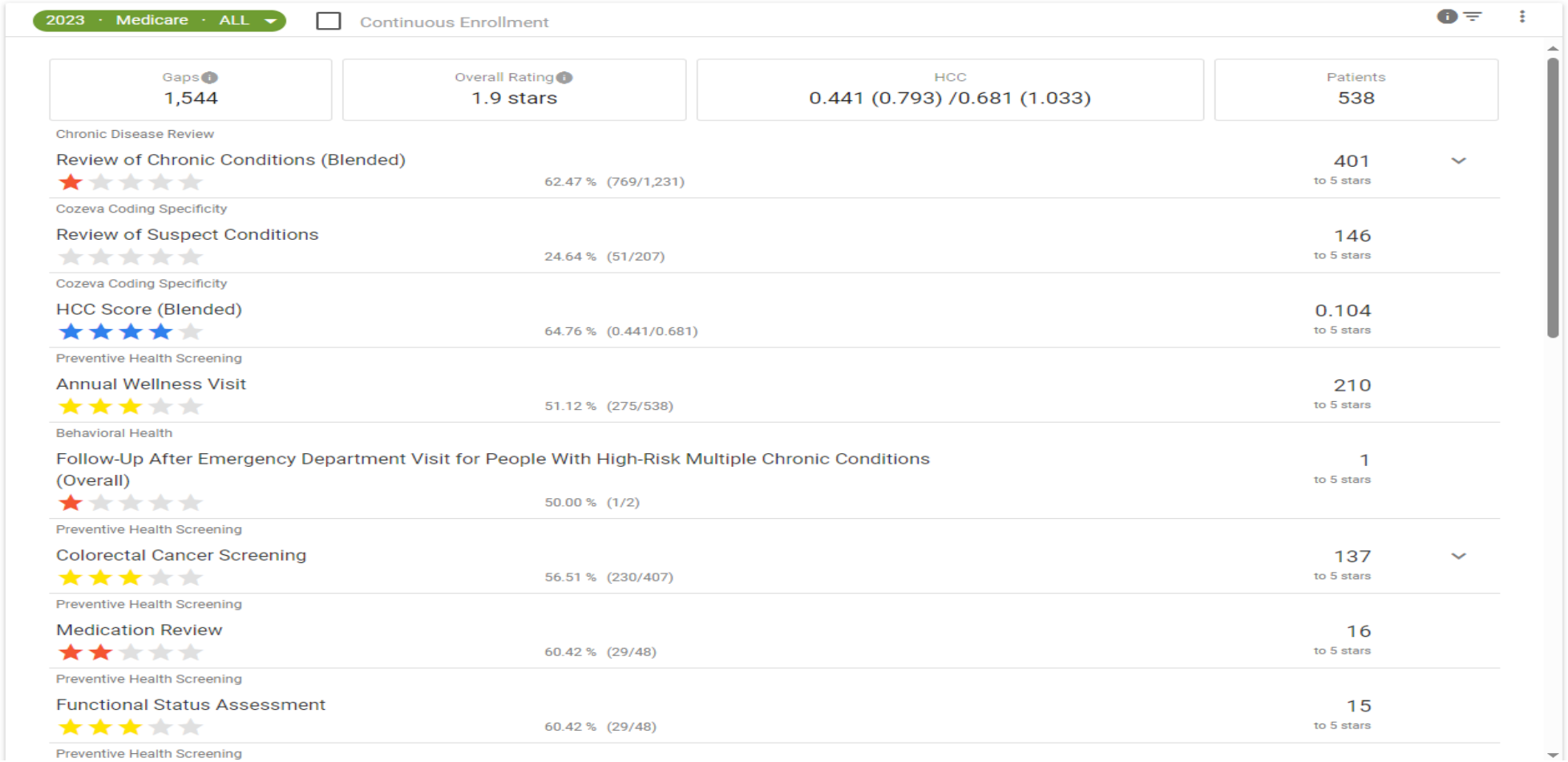
4. **Quality Measures and Risk Adjustment**: Cozeva has features that address both quality measures (e.g., HEDIS) and risk adjustment, enabling a coordinated approach to improving patient care and capturing accurate risk scores.

5. **Collaborative Workflows**: With Cozeva, health plans and providers can work collaboratively on risk adjustment activities. This could involve sharing lists of patients needing assessments, updating documentation, or coordinating interventions.

6. **Provider Engagement Tools**: Ensuring accurate risk adjustment often requires active participation from providers. Cozeva offers tools to engage providers, such as alerts and reminders, point-of-care decision support, and easy-to-use interfaces for documenting risk-adjusting conditions.

Cozeva Tips

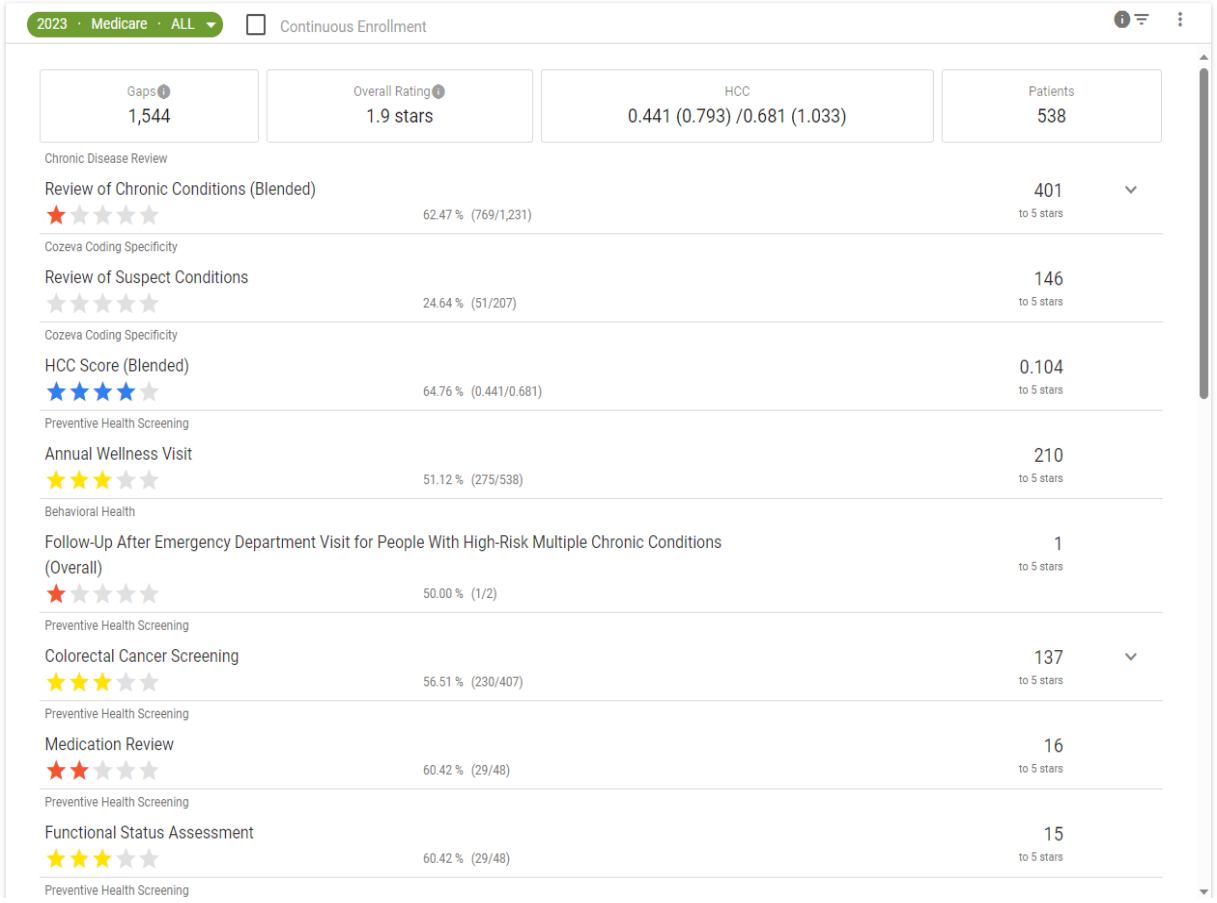
Cozeva Landing Page



Cozeva Tips

Images captured in a simulated test environment featuring fictitious patient and provider data.

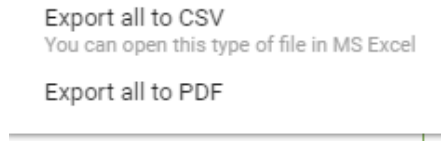
HCC Score (Blended)



Cozeva Tips

Running Real-Time Reports

1. At the top right hand corner of the “HCC Score (Blended)” report you will see an icon that looks like this:  This is where you can down-load your report to Excel.

2. When you click the  icon, you will see a box that looks like this. 

You will choose the “”Export all to CSV”

3. Open your report. There are 2 columns I would like you to pay attention to, Column J and Column AB.

    1. Column J gives you the patients HCC GAP and is sorted from highest to lowest GAP in care.
    2. Column AB is the patients phone number so that you can call these patients in from top to bottom close the maximum number of GAPS for 2023.

Images captured in a simulated test environment featuring fictitious patient and provider data.

Cozeva Tips

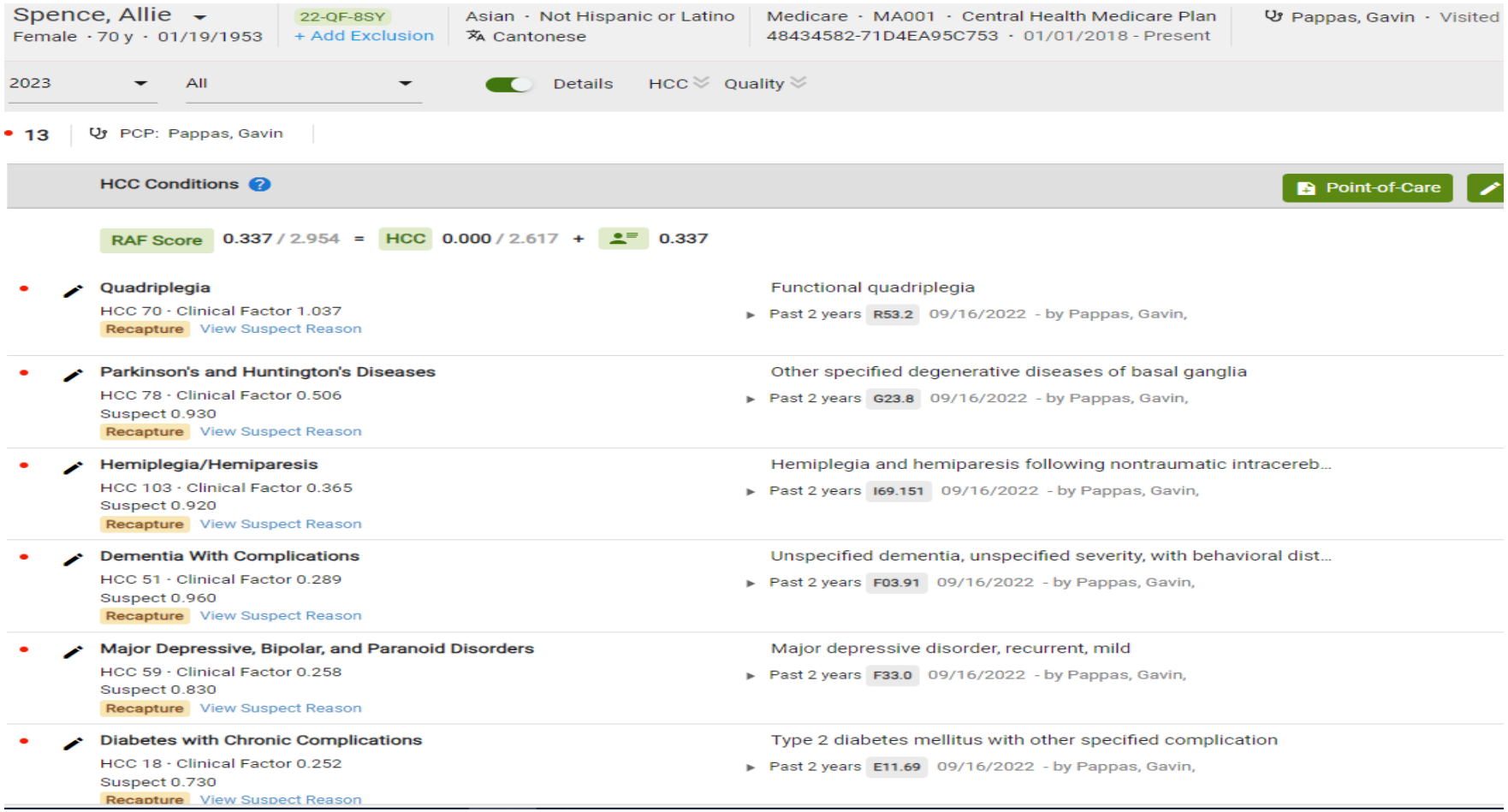
Downloaded Excel Report

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AB
Pappas	Gavin | Go Medication | Medicare | HCCS (2023) -- Report generated 10/25/2023																										
Name	Member I	DOB	Gender		Last Visit	Care Gap	Measure A	Condition	HCC Gap	Coded RA	Coded Cli	Potential	Recapture	Recapture	Suspect G	Suspect G	Coded Co	Coded List	Disconfirn	Disconfirn	Events	Product	Enrollmer	DNC	Contact Pr	Email	Phone Numbe
Spence, A	48434582-	########	F	!	########	13	Annual W	Diabetes v	2.617	0.337	0	2.954	10	Diabetes v	0		0		0			Central He	########		P		9093898647|9
Dutton, Be	48397207-	2/8/1925	F	!	########	9	Annual W	Coagulati	2.59	0.667	0	3.257	8	Coagulati	0		0		0			Central He	########		P		9094681918
Wilder, El	48397775-	########	F		2/1/2023	9	Annual W	Diabetes v	2.13	0.753	0.358	2.883	5	Dementia	3	Diabetes v	2	Colorecta	0			Central He	########		P		6262714331
Sorensen,	48399966-	########	F	!	########	13	HbA1c Po	Diabetes v	2.106	0.337	0	2.443	10	Diabetes v	0		0		0			Central He	########		P		6267027993
Mcintyre,	48399032-	########	F	!	########	5	Annual W	Drug/Alco	2.003	0.456	0	2.459	4	Drug/Alco	0		0		0			Central He	########		P		6263371661
Hinojosa,	48432844-	9/7/1944	M		3/6/2023	8	BP Contro	Chronic H	1.993	1.801	1.383	3.794	4	Chronic H	2	Congestiv	7	Dementia	0			Central He	########		P		6267153742|9
Perkins, M	48434412-	########	F	!	8/9/2022	11	BP Contro	Diabetes v	1.984	0.337	0	2.321	6	Chronic H	2	Diabetes v	0		0			Central He	########		P		9098600628
Najera, Ki	48394935-	########	M	!	########	13	HbA1c Po	Diabetes v	1.934	2.907	2.489	4.841	5	Diabetes v	3	Coagulati	3	Metastati	1	Exudative Macular D		Central He	########		P		6266628657|9
Ash, Gera	48394783-	1/4/1942	M		########	10	Medicatio	Coagulati	1.92	2.338	1.853	4.258	5	Coagulati	0		8	Diabetes v	1	Major Depressive, B		Central He	########		P		9095693559
Francois, V	48396799-	########	M		3/2/2023	7		Diabetes v	1.915	0.885	0.298	2.8	7	Diabetes v	0		1	Dementia	0		1	Central He	########		P		9094560606
Major, An	48394361-	########	M	!	8/2/2022	11	Cholester	Diabetes v	1.783	0.587	0	2.37	9	Diabetes v	0		0		0			Central He	########		P		7149743249
Marlowe,	48401765-	########	M		########	9	Hypertens	Chronic H	1.72	0.418	0	2.138	6	Chronic H	0		0		0			Central He	########		P		6262555290
Tuck, Nun	48428587-	1/9/1953	F	!	########	12	HbA1c Po	Diabetes v	1.669	0.337	0	2.006	6	Diabetes v	0		0		0			Central He	########		P		6262316319
Osburn, El	48396821-	########	M	!	########	15	HbA1c Po	Diabetes v	1.656	0.451	0.109	2.107	7	Diabetes v	1	Cerebral H	1	Diabetes v	0		2	Central He	########		P		9093438202
Judd, Tali	48396800	########	F		3/2/2023	6		Chronic H	1.595	1.416	0.866	3.011	6	Chronic H	0		3	Protein-C	0		1	Central He	########		P		9094560607

Images captured in a simulated test environment featuring fictitious patient and provider data.

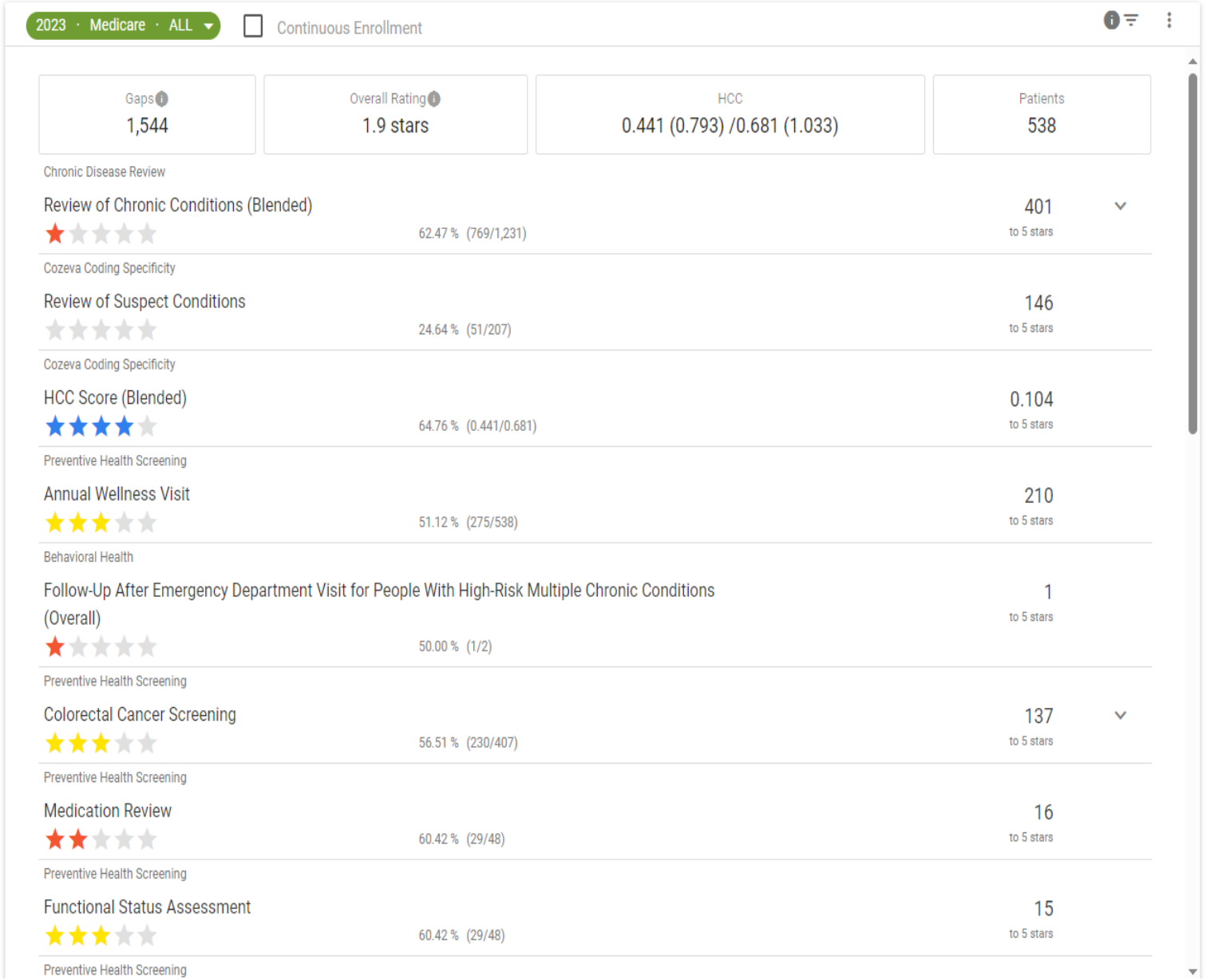
Cozeva Tips

Cozeva CareOp Page



Cozeva Tips

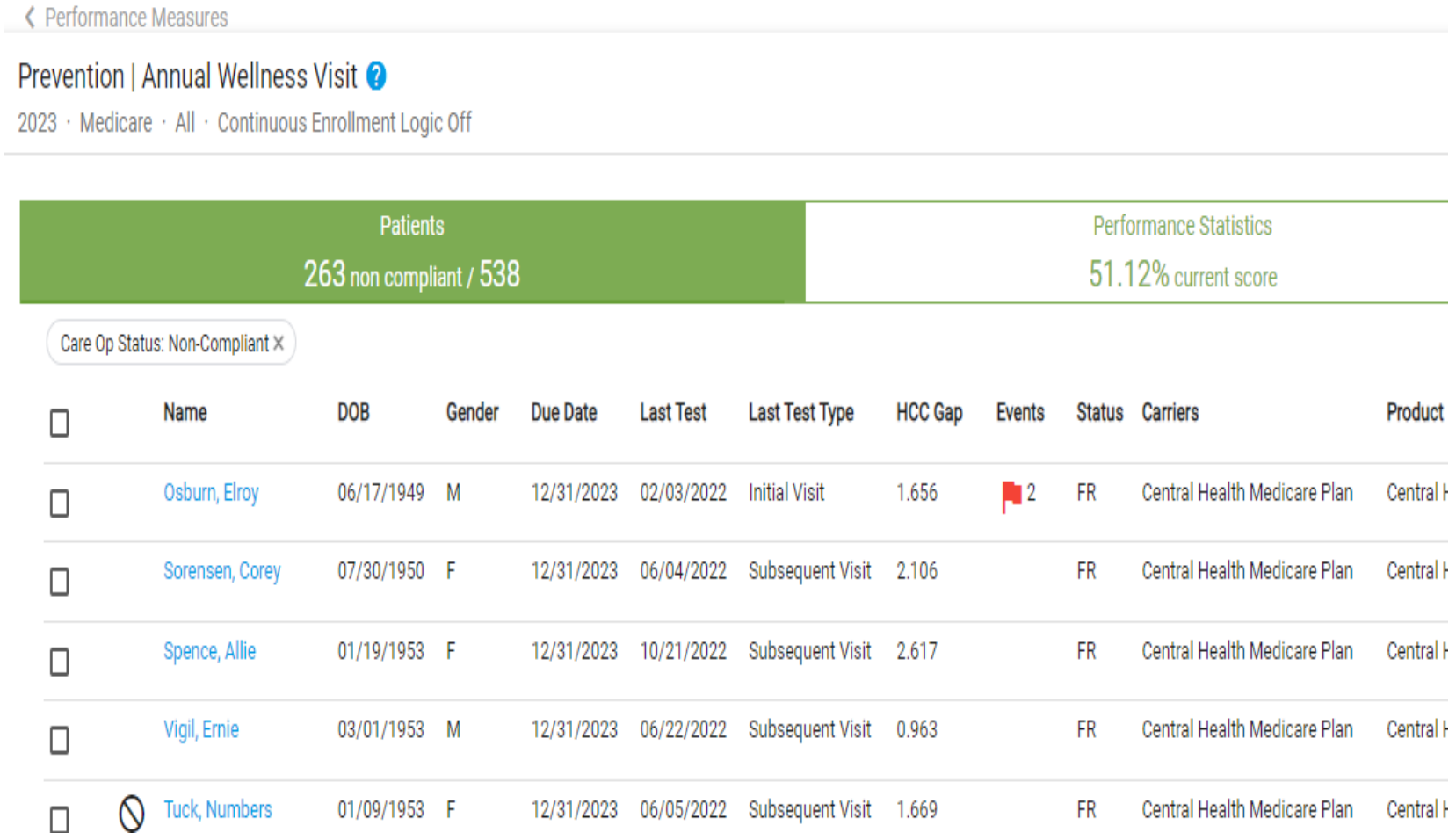
Annual Wellness Visit



Images captured in a simulated test environment featuring fictitious patient and provider data.

Cozeva Tips

Annual Wellness Visit- Non-Compliant List



Name	DOB	Gender	Due Date	Last Test	Last Test Type	HCC Gap	Events	Status	Carriers	Product
Osburn, Elroy	06/17/1949	M	12/31/2023	02/03/2022	Initial Visit	1.656	2	FR	Central Health Medicare Plan	Central H
Sorensen, Corey	07/30/1950	F	12/31/2023	06/04/2022	Subsequent Visit	2.106		FR	Central Health Medicare Plan	Central H
Spence, Allie	01/19/1953	F	12/31/2023	10/21/2022	Subsequent Visit	2.617		FR	Central Health Medicare Plan	Central H
Vigil, Ernie	03/01/1953	M	12/31/2023	06/22/2022	Subsequent Visit	0.963		FR	Central Health Medicare Plan	Central H
Tuck, Numbers	01/09/1953	F	12/31/2023	06/05/2022	Subsequent Visit	1.669		FR	Central Health Medicare Plan	Central H

Cozeva Tips

Running Real-Time Reports

1. At the top right-hand corner of the “Annual Wellness Visit” report you will see an icon that looks like this:  This is where you can down-load your report to Excel.

2. When you click the  icon, you will see a box that looks like this. 

You will choose the “”Export all to CSV”

3. Open your report. There are 2 columns I would like you to pay attention to, Column K and Column V.
    1. Column K gives you the patients HCC GAP but is NOT sorted from highest to lowest GAP in care.
    2. Column V is the patients phone number so that you can call these patients in from top to bottom close the maximum number of GAPS for 2023.

Images captured in a simulated test environment featuring fictitious patient and provider data.

Cozeva Tips

Running Real-Time Reports

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	
1	Pappas	Gavin | Go Medication | Medicare | AWV (2023) -- Report generated 10/25/2023																						
2	Name	Member I	DOB	Gender	Last Test	Last Test T	Due Date	Care Ops	Measure A	Condition	HCC Gap	Events	Status	Carriers	Product	Last Seen	Care Op S	Enrollmer	DNC	Contact Pr	Email Id	Phone Nu	Ac
3	Osburn, E	48396821-	########	M	2/3/2022	Initial Visi	########	15	HbA1c Po	Diabetes	1.656	2	FR	Central He	Central He	########	Non-Com	########		P		9.09E+09	51
4	Sorensen,	48399966-	########	F	6/4/2022	Subseque	########	13	HbA1c Po	Diabetes	2.106		FR	Central He	Central He	########	Non-Com	########		P		6.27E+09	28
5	Spence, A	48434582-	########	F	########	Subseque	########	13	Annual W	Diabetes	2.617		FR	Central He	Central He	########	Non-Com	########		P		909389864	11
6	Vigil, Erni	48435932-	3/1/1953	M	########	Subseque	########	13	HbA1c Po	Diabetes	0.963		FR	Central He	Central He	########	Non-Com	########		E	SCYEN27@	6.26E+09	12
7	Tuck, Nun	48428587-	1/9/1953	F	6/5/2022	Subseque	########	12	HbA1c Po	Diabetes	1.669		FR	Central He	Central He	########	Non-Com	########		P		6.26E+09	19
8	Sousa, Th	48436107-	4/3/1949	M	########	Subseque	########	12	Diabetes	Colorecta	1.067		FR	Central He	Central He	2/2/2021	Non-Com	########		P		6.26E+09	18
9	Major, An	48394361-	########	M	########	Subseque	########	11	Cholester	Diabetes	1.783		FR	Central He	Central He	8/2/2022	Non-Com	########		P		7.15E+09	54
10	Barraza, S	48395475-	########	M	########	Subseque	########	11	Diabetes	Drug/Alco	1.406		FR	Central He	Central He	8/8/2022	Non-Com	########		P		6.27E+09	14
11	Tatum, Sa	48397966-	########	M	########	Subseque	########	11	Diabetes	Colorecta	1.197		FR	Central He	Central He	########	Non-Com	########		P		6.27E+09	23
12	Shaw, Fra	48427051-	########	M	########	Initial Visi	########	11	Diabetes	Other Sigr	0.459		FR	Central He	Central He	########	Non-Com	########		P		9.1E+09	55

Telling the Patient Story

January 1st Miracle

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
26	27	28	29	30	31	1
2	3			6	7	
9						15
16						22
23	24					29
30	31	1	2			5

Dec 31st

Jan 1st

Analytically, all members are considered to have no disease burden on January 1st each year.

Refresh All Treatment Plans

Chronic conditions need to be reviewed each year and adjustments made to the patient's treatment plan. New conditions may cause an interaction, or a new treatment may be available. At a minimum, conditions need a refreshed plan each calendar year.

Accurately document all conditions

Whether you are directly treating a condition or helping ensure the patient is seeing a specialist or other for a condition, it is essential to accurately reflect all active conditions.

Document all complications

Some conditions aren't simple and have interacting conditions or complications. Remember to capture the full story of the disease profile.

Ensure documentation is consistent

Include clinical indicators that support the final diagnosis or diagnoses. Only state "history of" for conditions that are no longer present.

Proper documentation and coding of diabetes and related complications is critical for continuity of care, care management programs, accurate resource allocation, and more.

Documenting Conditions

Diagnosis

Clearly document a diagnosis for all conditions (based on your clinical impression)

Status

I.e., Symptoms, Disease progression/regression, Referencing labs/tests, Response to treatment

Plan

I.e., Tests ordered, Medication, Therapies, Referral, Follow-up

Reminder

Submitting Supplemental Data

Deadline to submit Supplemental Data for 2022 dates of service is January 17, 2024

Supplemental files should only include one record per Member ID, DOS, and Provider combo

Duplicate records (same Member ID, DOS, and Provider NPI) will cause a full file failure even if the CPT and Dx codes are different

Encounter ID should be unique to every record

An encounter id can only be used one time on a file

Supplemental files should not replace submitting encounter data through Office Ally

Providers should be submitting encounter data regularly through Office Ally and submitting supplemental data to update missing or updated encounters

Questions or additional information

Contact: RiskAdjustmentGroup@brighthealthcare.com or

Melanie Loughren, Risk Adjustment Encounter Submissions Director, mloughren@brighthealthcare.com

Supplemental Data must be supported in the progress note for the DOS reported

It is important to ensure that supplemental files are properly formatted to avoid any errors or issues when submitting.

Questions

Thank you!

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For additional resources & information, visit our risk adjustment education websites:

BND: www.bndhmo.com/providers

CHP: www.centralhealthplan.com/cpa